

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 FEB -9 AM 11:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P00000076831

**1. Corporation Name**

International Medic-Clinic Corp.

**REINSTATEMENT** 03-04

5/5/03 90326 003 150.00

400028413734  
02/19/04 - 01/05 - 007 - 150.00

**2. Principal Office Address**

2140 W. Flagler St.

Suite, Apt. #, etc.

202

City & State

Miami, FL

**3. Mailing Office Address**

5230 SW 112 Ave

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33135

Country

United States

Zip

33105

Country

United States

**4. Date Incorporated or Qualified  
To Do Business in Florida**

8/15/2000

**5. FBI Number**

65-1036379

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$6.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Adalina Reutlinger

Street Address (P.O. Box Number is Not Acceptable)

5230 SW 112 Ave

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33165

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

Date

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Adalina Reutlinger	5230 SW 112 Ave	Miami, FL 33165
SD	Claudia Reutlinger	5230 SW 112 Ave	Miami, FL 33165
V	Adolfo Reutlinger	5230 SW 112 Ave	Miami, FL 33165

**10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

**SIGNATURE:**

*Adalina Reutlinger* President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/19/04 (307)649-4771

Daytime Phone #

CR2001 (10/02)

International Medic Clinic  
2140 West Flagler Street Suite 202  
Miami, FL 33135

1/19/04

Florida Department of Corporations

**RE: Corporation ID# P-00000076831**

Dear John Thomas,

Per our telephone conversation we are sending this letter to explain why our corporation's status was changed to inactive. The corporation renewal documents were sent on April 18<sup>th</sup> 2003 along with the appropriate fees, the check was cashed on May 16<sup>th</sup> 2003. We were notified by you that the form was returned because it was missing a signature, unfortunately we never received the form that is why we never returned it. Per your instructions attached please find the reinstatement form and the correspondent fees, please re-activate our corporation status as soon as possible.

Should you have any questions or concerns please feel free to contact our office at your earliest convenience.

Thank you,



Adalina Reutlinger  
President